



Athens County Emergency Medical Services

PO Box 310, Athens OH 45701

740.797.9560

fax 740.797.2961

online at www.acems.org

REQUEST FOR SPECIAL EVENT COVERAGE

ORGANIZATION NAME _____

ADDRESS _____

CONTACT PERSON _____ PHONE _____

EMAIL ADDRESS _____

STREET ADDRESS OF CONTACT PERSON _____

DATE(S) AND TIMES REQUESTED _____

EVENT NAME _____

STAFFING: DEDICATED AMBULANCE AND 2 PERSON CREW - \$75/HOUR _____

EXTRA EMT/PARAMEDIC STAFF REQUIRED - \$25/HOUR/PERSON _____

SUPERVISOR (REQUIRED ON SOME EVENTS) - \$35/HOUR/PERSON _____

FIRST AID TENT, DISPOSABLE SUPPLIES, ETC. - \$100 PER EVENT _____

TOTAL AMOUNT FOR EMS SERVICE _____

All accounts must be paid in full at least 10 calendar days BEFORE the first day of the event.

Signature of Contact Person _____

EMS Chief (or designee) approval _____

OUR CORE VALUES

Integrity | Respect | Compassion | Service | Accountability